15158

CERTIFICATE OF DEATH

15161

0	LACE OF DEATH				USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. STATE						
	Cal	vert		MARYLAND	d. STATE Mary	land		Cal			
Ь	o. CITY OR TOWN (I	f outside corparate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carporote lir	mits, write RUF	RAL ond give	e neores	t town)	
Ru	ral-Pr	give neorest town) ince Frede	rick	19 days	Rural-Hun	ntingto	wn			04	-1
d		al or institution (if not to County F			d. STREET ADDRESS					ON A F.	ARM?
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D	Type or print)	Eva		Sheckells	Bowen 1.13	OF DEATH	11		3		67
S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years	IF UNDER	1 YEAR	IF UNDER	
	'emale	white	WIDOWED	DIVORCED	8-19-03	64	st birthday) Yrs.	Months	Doys	Hours	Min.
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doni	housew:	ife	"	NOOTK!	Maryland	i		Ŭ	UNTRY?	Α.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Elliot	t Sheckell	S		Mary Fr	rances	Gibso	n			
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Addre				
(162	No No	(If yes give wor or dates of	Service 2	19-01-9671 H	lorace E. Be	owen F	Tuntin	gtow	n.	Md.	
П	18. CAUSE OF DI	ATH (Enter only one cous	e per line for		. (Land		INT	RVAL BET	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15162 death. N uneral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Calvert MARYI ANO ers Pages Maryland Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours Rurel - Owings
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Frederick Dares d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 Padgett's Nursing Home event, within NO YES within completely carbon 3. NAME OF First Middle Last DATE Month Oav Year DECEASED LOTTIE KKK I.EE COX 1967 (Type or print) DEATH Nov. 30 6. COLOR OR RACE | 7. MARRIED | 5. SEX 8. OATE OF BIRTH NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Oavs Hours and and In any Female White Nov. 18. 1886 DIVORCEO WIDOWEO IN 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease certificate be COUNTRY? Housewife Calvert Co. Maryland USA removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph Samuel Fowler Mary A. Conner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARWING FOR FOR (Yes, no, or unknown) (If yes give war or dates of service) 215-54-8207 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. or death burial-transit perm burial, cremation, Mrs. Virginia Penn - Prince Frederick, Md. No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] INTERVAL BETWEEN ONSET AND OEATH by PART I. OEATH WAS CAUSED BY: law requires that the attending physician. signed l IMMEDIATE CAUSE (a OHE TO Conditions, If any, which (b) peen gave rise to immediate the **OUE TO** cause (a), stating the prior t certificate has t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? PHYSICIAN: The the hospital or a YES NO 20a. ACCIDENT WAS UNDERLYING I I be detached for State Dept. of F OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Oav, Year (State) 20f. (City or town) (County) factory, street office bldg., etc.) Hour a.m. After While Not While ATTENDING p.m. at work at work the S. retained 21. I certify that (I) (this hospital)/attended the deceased from 1940 FUNERAL DIRECTOR: saw the decease thalive on and that death occurred at 3 showith M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO be page ATTENOING PHYS. M.O. OIRECTOR PHYS. may director, p PHYSICIAN'S 22d. ADORESS NAME (Type) 4 J. Weems BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 0 2 REMOVAL (Specify) iranda Memoria Burial Huntingtown town Cal Md. 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR REC'O BY REGISTRAR VR A15 (4) Owings, Maryland 15M 4-64

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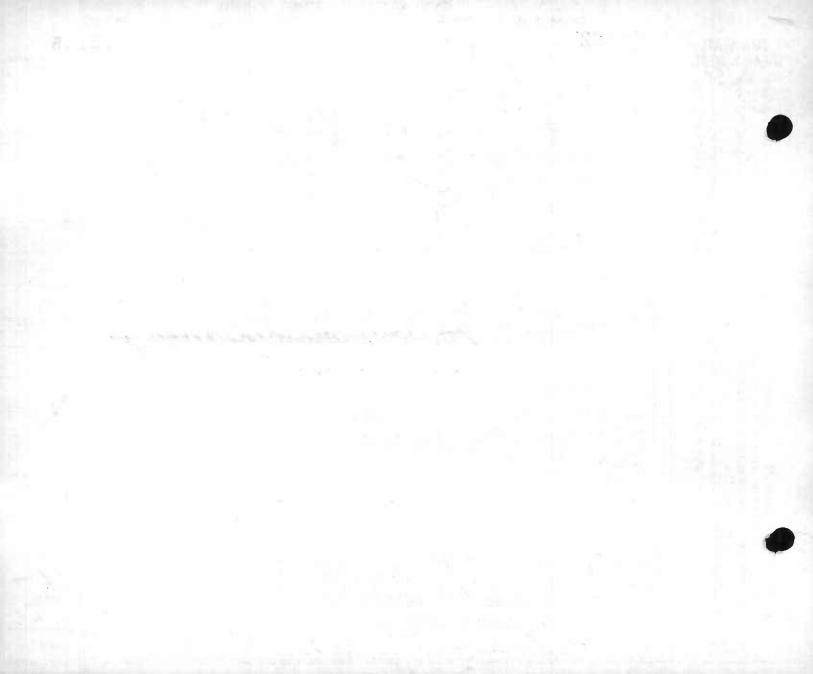
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15160 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15163 HEALTH DEP I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page CALVERT MARYLAND District of Columbia b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Washington Rural - Prince Frederick ate Depo d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE PARK ON A FARM? NO X Give Pages 3900 Cathedral Avenue Calvert County Hospital Item 18. Give Page Office alang with f This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4 DATE Doy Year DECEASED DEATH November 19 67 (Type or print) FAIRBANKS FELIX LUANN IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours after death WIDOWED DIVORCED Dec. 29 and 2 v Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY .⊑ ta the Chief Medical Examiner's 11 15/11 115/19 pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT within 72 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY: Intracerebral hemorrhage IMMEDIATE CAUSE (o) .. DUE TO any Conditions, if ony, which gove rise to immediate couse (o), _ DUF TO stoting the underlying couse shauld be farwarded and and lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS removal, PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. may be retained for yaur FUNERAL DIRECTOR: Page at wark at work 21. I certify that I taak charge of the remains described above, held an Autopsy [X] Inspection Inquiry and in my apinian burial, death resulted fram: Natural causes X . Accident . Suicide Undetermined manner the funeral directar. Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) . Wilson, M.D. 23c. NAME OF CEMETERY OR CREMATORY Edward November 8 230. BURIAL, CREMATION, 0 REMOVAL (Specify) SULIA 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME (5) 6M 1/67

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Tooms and	Rı	ral-Pr	ince Fi	rederi		2 da		Rural-Lu				I A	IS RESIDENCE
59	Ca		County			pitai, givo stico	duulessy	Rt.#4		#209			IS RESIDÊNCE ON A FARM?
Frequency by the hospital or attending physician. GTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	3.	NAME OF DECEASED		First		Middle		Last	4. DATI		Nonth	Day 27	Year 19 67
compl ve cal event	5.	(Type or print) SEX	6. COLOR OR	RACE 7 M		Walt NEVER MARR		Fowler Date of Birth	DEA		ars IF UNOER	,	FUNDER 24 HRS.
and co remove any ev	m	ale	white		OOWEO [OIVOR		1-22-03	1000	last birtho	Months		Hours Min.
ing physician a Then please re emoval, and in a	10a	USUAL OCCUPAT	TION (Give kind o	f work done	10b. KIN	D OF BUSINESS	OR	11. BIRTHPLACE (unitry) 12 C	OUNTRY?	F WHAT
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ansı		PART I. O	EATH WAS CAUS	SED BY: CAUSE (a)	Co	ronas	er 1	hornel	ose	7		ONSE	I AND DEATH
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3	CERTIFICATION	PART II. OTHER		(c) ONOITIONS CC	ONTRIBUT	ING TO OEATH BU	TNOTRELAT	TED TO THE TERMINAL	DISEASECO	NOITION GIVE	N IN PART 1(a)	19. YES	WAS AUTOPSY PERFORMEO?
	CERTIF	20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CAUSE COTIFY MEDICAL	ING OF DEATH EXAMINER)	20b. OE	SCRIBE HOW IN	JURY OCCUI	RRED. (Enter nature	of injury in	Part I or Part	ill of Item 18	1.)	
	MEDICAL	Hour a.	INJURY Month m. .m.	, Oay, Year	20d. INJ While at work	Not While at work	20e. PLAC factor	E OF INJURY (Home, ty, street, office bldg.,	farm, 20f.	(City or tow	n) (Co	unty)	(State)
		21. I certi	fy that (I) (thi	s hospital)	attended	the deceased	from No						t (1) (we) last
		saw the de	eceased alive	on Nov	. 27	1967	, and that	death occurred at.	/:Wam,	from the cau	ises and on	the date	stated above.
		22a. SIGNATO	NE CX	his	Xu		M.D.	ATTENOING PHYS.	MEO. OIRECTOR	STAFF PHYS.		1-27	
1		22c. PHYSICI. NAME (T	vpe)	X			7	22d. AOORESS	T) *		36	7 1	
	-00		Osman	1	soy,	M.D.	OFMETERY.	Prince			Mary		(State)
^	23a	REMOVAL (Sp	ecify)	OATE THERE				OR CREMATORY			ty, town or co		
4	24.	FUNERAL OIR	ECTOR	1V.30/1		Glen Ha		25a R	FC'O BY RE	SISTRAR 25b	REGISTRA	S'S SIGNA	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15162 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15165 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decoased lived, if institution, Relidence before admission o. COUNTY o. STATE b. COUNTA 0 after death. 3 to MARYLAND delay partment c. LENGTH OF STAY IN 1b RURAL and give nearest town) P.M3 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs with the State YES T NO X 24 hours after death. 3. NAME OF Middle 4. DATE First Month Year within 72 Doy DECEASED ward "pending" in pencil in Item 18. Give the Chief Medical Examiner's Office along y (Type or prin DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours WIDQWED DIVORCED 4.3 yrs. l and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if restried) COUNTRY? any pages in any This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM and WAS DECEASED EV R IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT remayal or unknown) (If yes give wor or dotes of service) 6-1860 CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH crematian, ar IMMEDIATE CAUSE (o) writing the ward DUE TO Conditions, if ony, which gove ta rise to immediate couse (a). DUE TO stoting the underlying couse farwarded last. burial, 19. WAS AUTOPSY PART #. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? please execute the certificate, NO YES agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. should EXAMINER: 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town may be retained far yaur FUNERAL DIRECTOR: Page Not While of work its designated 21. I certify that I took charge of the remains described above, held an Autapsy [Inspection and in my apinian the funeral directar. death resulted fram: Suicide Z Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DAJE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER TO DEPUTY D DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may ro FUNE Health NAME (Type) Address (Street, city, town, or county) DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 2 (County) BURIAL, CREMATION 23d. LOCATION (City or Jown) (Stole) REMOVAL (Specify) mo 24. FUNERAL DIRECTOR ADDRES! REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) 6M 1/66 DATE NOV

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Calvert Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Rural-Prince Frederick hours day North Beach .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ed d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital 7th Street No A YES etely NAME OF DECEASED First Middle DATE Month Last 4. Day Year OF DEATH (Type or print) Major 8 compl Frank DeWitt 1967 event executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Days | Hours | Min 7. MARRIED X NEVER MARRIED Months Davs Hours and any 10-16-88 WIDOWED [white DIVORCED male Yrs. physician a Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and COUNTRY? U.S.A Virginia -arbenter certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending parmit. Then Frank Edward Major Alice Blunt Dearing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Pa. Ave., (Yes, no. or unkown) (If yes give war or dates of service) death Seibert Washington unknown Alfred the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN n signed by the burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate certificate has been the ro DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m. at work at work ATTENDIN TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the ould the 21. I certify that (1) (this hospital) attended the deceased from to Nov. 19.67. that (I) (we) last saw the deceased alive on Nov. 1967 and that death occurred at 5.50M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF TO HOSPITAL Page 4 may M.D. DIRECTOR PHYS. PHYSICIAN' 22c. 22d. ADDRESS director, p NAME (Type George Weems. M.D Huntingtown Maryland 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) URIA Lincoln LA MENSOU FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Calvert Calvert MARYLAND CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) by Pag hours Rural-Prince Frederick 34 days Rural-Owings E papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES X NO bon F with letely executed within NAME OF Middle DATE Last Month Day carbot Year DECEASED event, comple 67 (Type or print) Pedro DEATH 11 19 Marquess Downey 6. CDLOR OR RACE 5. SEX 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS remove NEVER MARRIED birthday) Months Days Hours any and white 3-10-89 male DIVORCED WIDOWED K 10a. USUAL OCCUPATION (Give kind of work done) .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? and U.S.A. Farming Farmer Marvland removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then Gertrude Hunt John Marquess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) 219-36-9504 William Marquess Owings, cremation, Maryland No the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN this certificate has been signed by until certificate has been signed by undetached for use as the burial transit detached for use as the burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of Pancreas - Terminal PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY be detached for use State Dept. of Health PERFORMED? NO | YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) S should be dev factory, street, office bldg., etc.) Hour a.m Not While While be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from May 13 19 65 to Nov. 19 67. that (I) (we) last TO FUNERAL DIRECTOR: and that death occurred at 6:500M. from the causes and on the date stated above. saw the deceased alive on Nov 67 22a, SIGNATURE 22b. DATE SIGNED page STAFF ATTENDING MED. 11-2-67 Page 4 may t PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS director, p Prince Frederick, Maryland Issam F Damalouji, M.L el 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Nov. 3, 1967 Mt. Harmony Chr. Cemetery Owings Calvert Md. Burial **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) form Owings, Maryland 1967 15M 4-64

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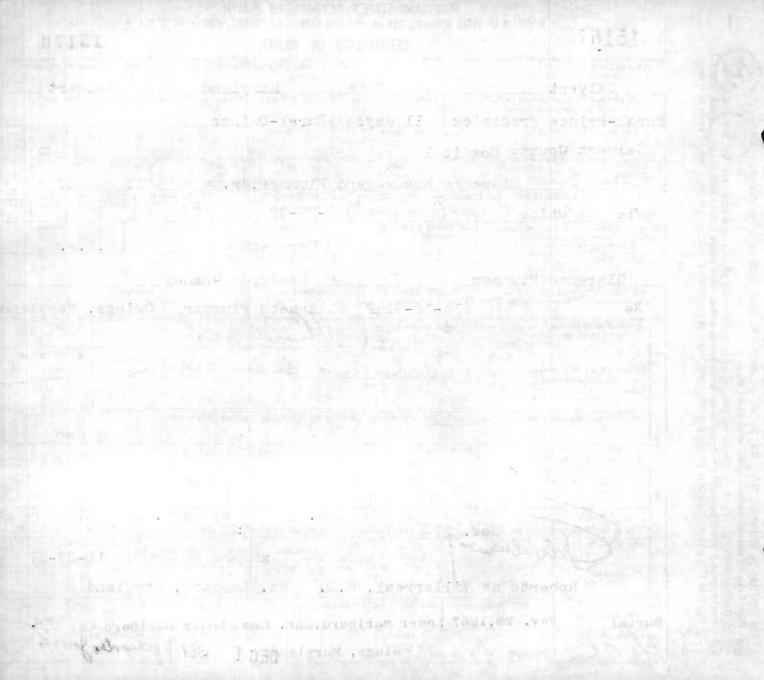
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH 2. COUNTY 2. COLVERT 3. COUNTY Calvert MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) Prince Frederick G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J. STREET ADDRESS Calvert County Hospital 3. RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J. STREET ADDRESS COLOR OR RACE 1. MARKIED DECEASED (Type or print) First Middle Last DATE Month Day Ver OF ARMINITER NOVEMBER 1 8. DATE Month Day Ver OF ARMINITER NOVEMBER 1 8. DATE OF BETH S. DATE OF BETH S. DATE OF BETH DAY DAY NOVEMBER 1 8. DATE OF BETH DAY NOVEMBER 1 8. DATE OF BETH DAY OF BETH OF COUNTRY OF BETH DAY OF BETH DAY OF BETH DAY OF BETH OF COUNTRY OF COUNTRY OF BETH OF COUNTRY OF COUN	15168	S MI	DICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	15169
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Owings, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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d. NAME OF HOS Calvert 3. NAME OF	vert N (if outside corporate limi and give nearest town) nce Frederi	ot in hospital, give street address	a. STATE Ma c. CITY OR TOWN (If Chesapea d. STREET ADDRESS	CE (Where deceased lived, If institute b. COUNTY b. COUNTY cutside corporate limits, write Face Beach t, Randle Cli:	Calvert RURAL and give nearest town) e. Is RESIDENCE ON A FARM?
during most of working housewi	white WII ION (Give kind of work done ng life, even if retired) fe	ARRIED NEVER MARRIED DOWED DIVORGED	West V	last birthday) Mon	15=14= 19 67 NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
HOMER 15. WAS DECEASED E (Yes, no, or unkown) NO 18. CAUSE OF E PART I. DE 434/ Conditions, if a	Stover EVER INU.S. ARMED FORCES? (If yes give war or dates of service DEATH EINTER Only one caus ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which	2)	14. MOTHER'S MAIL	aye Carper	as #2 INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT) 2Dc. TIME OF I Hour a.m	ating the DUE TO e last. (c) IGNIFICANT CONDITIONS CO WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Day, Year	While Not While fac		Injury in Part I or Part II of ite	YES NO
21. I certify saw the dec 22a. SIGNATUR 22c. PHYSICIA NAME (Ty	that (I) (this hospital) reased alive on No	rsoy, M.D. OF 23c. NAME OF CEMETE	ATTENDING X M.D. PHYS. X 22d. ADDRESS Prince RY OR CREMATORY	#25aM, from the causes and MED. STAFF DIRECTOR PHYS. 23 Frederick, Ms 23d. LOCATION (City, town	on the date stated above. Dob. DATE SIGNED Aryland or county) (State)
24., FUNERAL DIRE	CTOR 7	ADDRESS ADDRESS ADDRESS ADDRESS Ma		erery Beckley C'D BY REGISTRAR 25b.	TRAR'S SIGNATURE

VR A15 (4) 15M 4-64

Carried to the second interest in the second to the second A Company of the second MAKTLAND STATE DEPARTMENT OF HEALTH

7 11 11 Transfer de la constant de la consta Town I - wince bearing 19 ongs unished and four I Estimate Courses and Selection of somewer to be seen and the see that the 66-13-) # 1 90213 . or . delicate to the control of the control of · V · 1 · 10 · 10 · 10 100 CONTRACTOR OF THE PROPERTY OF THE PARTY LA DESIGNATION OF THE PARTY OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15173

	1. PLACE OF OEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland Calvert							
	Calvert MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	Maryland Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Rural-Prince Frederick 6 days	North Beach							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE							
9	Calvert County Hospital	ON A FARM: YES NO							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year							
	(Type or print) Willard Spicknal	L Ward DEATH 11 9 1967							
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors St. Date of Birth 9. AGE (In yeors FUNDER 1 YEAR FUNDER 24 Hours Months Doys Hours Months Mon							
	male white WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1-25-91 (U yrs.							
	during most of working life, even if retired) INDUSTRY	COUNTRY?							
	Drilling Artisian Wells 13. FATHER'S NAME	Maryland U.S.A.							
	W. Clifton Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Mary Wilkerson Wilkerson							
	(Yes, no, or unknown) (If yes give wor or dates of service)								
		Corena Ward North Beach, Md.							
	18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) (b) DUE TO Conditions, if ony, which gove)								
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO							
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Yeor While of While of Work of twork of two of work of two of work of two of work of two of two of work of two o									
		A.D. ATTENDING MED. STAFF 22b. DATE SIGNED 11-10-67							
1	NAME (Type) Roberto de Villarreal, M	D. St. Leonard, Maryland							
		money Ck lem Owing Cabret me							
	Hustohine Tuneral Home Ow	250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE NOV 1 4 1967							

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